Case 09-72438 B1D (Official Form 1, Exhibit D) (12/08)

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**Northern District of Illinois** 

| IN RE:  |           | Case No   |  |  |  |  |  |
|---|-----------|-----------|--|--|--|--|--|
| Kennedy, Kevin C.                                       |           | Chapter 7 |  |  |  |  |  |
|   | Debtor(s) | •         |  |  |  |  |  |
| EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE |           |           |  |  |  |  |  |
| WITH CREDIT COUNSELING REQUIREMENT                      |           |           |  |  |  |  |  |

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot

| whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dism and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra to stop creditors' collection activities.  | nissed                            |
|--|-----------------------------------|
| Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. one of the five statements below and attach any documents as directed.  | Check                             |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approve the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy certificate and a copy of any debt repayment plan developed through the agency.  | me in                             |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approve the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed that the agency no later than 15 days after your bankruptcy case is filed.   | me in<br><i>ıst file</i>          |
| ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit coun requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]  |                                   |
| If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a counseling briefing.  4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied motion for determination by the court.]  Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapacity. | a copy f your e may credit d by a |
| <ul> <li>Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable efformaticipate in a credit counseling briefing in person, by telephone, or through the Internet.);</li> <li>Active military duty in a military combat zone.</li> </ul>  | ort, to                           |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 1 does not apply in this district.   | 09(h)                             |

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Kevin C. Kennedy

Date: June 14, 2009

Case 09-72438 B1D (Official Form 1, Exhibit D) (12/08)

Signature of Debtor: /s/ Tamera C. Kennedy

Date: June 14, 2009

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**Northern District of Illinois** 

| IN RE:   | Case No   |
|--|---|
| Kennedy, Tamera C.   | Chapter <b>7</b>  |
| Debtor(s)  | ENT OF COMPLIANCE   |
| EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMI<br>WITH CREDIT COUNSELING REQU   |   |
| Warning: You must be able to check truthfully one of the five statements regard do so, you are not eligible to file a bankruptcy case, and the court can dismiss a whatever filing fee you paid, and your creditors will be able to resume collection and you file another bankruptcy case later, you may be required to pay a secont to stop creditors' collection activities.  | any case you do file. If that happens, you will lose<br>on activities against you. If your case is dismissed  |
| Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse one of the five statements below and attach any documents as directed.   | e must complete and file a separate Exhibit D. Check  |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a brothe United States trustee or bankruptcy administrator that outlined the opportunities performing a related budget analysis, and I have a certificate from the agency described certificate and a copy of any debt repayment plan developed through the agency.   | es for available credit counseling and assisted me in   |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a but the United States trustee or bankruptcy administrator that outlined the opportunitie performing a related budget analysis, but I do not have a certificate from the agency of a certificate from the agency describing the services provided to you and a the agency no later than 15 days after your bankruptcy case is filed.   | s for available credit counseling and assisted me in<br>describing the services provided to me. You must file   |
| ☐ 3. I certify that I requested credit counseling services from an approved agency to days from the time I made my request, and the following exigent circumstances requirement so I can file my bankruptcy case now. [Summarize exigent circumstance]   | merit a temporary waiver of the credit counseling   |
| If your certification is satisfactory to the court, you must still obtain the credit you file your bankruptcy petition and promptly file a certificate from the agency of any debt management plan developed through the agency. Failure to fulfill the case. Any extension of the 30-day deadline can be granted only for cause and is also be dismissed if the court is not satisfied with your reasons for filing your counseling briefing.   | that provided the counseling, together with a copy<br>hese requirements may result in dismissal of your<br>limited to a maximum of 15 days. Your case may |
| <ul> <li>4. I am not required to receive a credit counseling briefing because of: [Check the motion for determination by the court.]</li> <li>Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of men of realizing and making rational decisions with respect to financial responsib</li> <li>Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the participate in a credit counseling briefing in person, by telephone, or through</li> <li>Active military duty in a military combat zone.</li> </ul> | tal illness or mental deficiency so as to be incapable bilities.); e extent of being unable, after reasonable effort, to                                  |
| 5. The United States trustee or bankruptcy administrator has determined that the does not apply in this district.  | credit counseling requirement of 11 U.S.C. § 109(h)   |
| I certify under penalty of perjury that the information provided above is true and con-  | rrect.  |

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Case 09-72438 Doc 1 Filed 06/14/09 Entered 06/14/09 12:26:33 Desc Main Document Page 3 of 44 B22A (Official Form 22A) (Chapter 7) (12/08) According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): ☐ The presumption arises **▼** The presumption does not arise In re: Kennedy, Kevin C. & Kennedy, Tamera C. ☐ The presumption is temporarily inapplicable. Debtor(s) Case Number: \_ (If known)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

|    | Part I. MILITARY AND NON-CONSUMER DEBTORS  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|
| 1A | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |  |  |  |  |  |  |  |
|    | □ <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).   |  |  |  |  |  |  |  |
| 1B | <b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |  |  |  |  |  |  |  |
|    | Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.   |  |  |  |  |  |  |  |
|    | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |  |  |  |  |  |  |  |
| 1C | ☐ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard  |  |  |  |  |  |  |  |
|    | a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  |  |  |  |  |  |  |  |
|    | OR   |  |  |  |  |  |  |  |
|    | b.   I am performing homeland defense activity for a period of at least 90 days /or/  I performed homeland defense activity for a period of at least 90 days, terminating on,  which is less than 540 days before this bankruptcy case was filed.  |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |

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|   | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION  |  |                                  |                            |  |        |                               |       |                              |
|---|---|--|----------------------------------|----------------------------|--|--------|-------------------------------|-------|------------------------------|
|   | Mar   | ital/filing status. Check the box tha  | at applies and c                 | omplete the                | balance of this part of this                             | state  | ement as dire                 | ected |                              |
|   | a. 🗌  | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.   |                                  |                            |  |        |                               |       |                              |
|   | b. [  | Married, not filing jointly, with de penalty of perjury: "My spouse and are living apart other than for the properties only Column A ("Debt  | d I are legally sourpose of evad | eparated unling the req    | nder applicable non-bankru<br>uirements of § 707(b)(2)(A | ptcy [ | law or my s                   | pouse | e and I                      |
| 2 | c. [  | Married, not filing jointly, without Column A ("Debtor's Income")  |                                  |                            |  |        | above. Con                    | nplet | e both                       |
|   | d. <b>V</b>   | Married, filing jointly. Complete Lines 3-11.  | both Column A                    | A ("Debtor                 | 's Income'') and Column                                  | B ("   | Spouse's In                   | come  | e") for                      |
|   | the si  | igures must reflect average monthly ix calendar months prior to filing the th before the filing. If the amount of divide the six-month total by six, as  | e bankruptcy ca<br>monthly incon | ase, ending<br>ne varied d | on the last day of the uring the six months, you         | Г      | olumn A<br>Debtor's<br>Income | S     | olumn B<br>pouse's<br>income |
| 3 | Gros  | ss wages, salary, tips, bonuses, ove   | ertime, commi                    | ssions.                    |  | \$     | 3,461.54                      | \$    | 1,023.40                     |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. |  |                                  |                            |  |        |                               |       |                              |
|   | a.  | Gross receipts   |                                  | \$                         |  |        |                               |       |                              |
|   | b.  | Ordinary and necessary business of   | expenses                         | \$                         |  |        |                               |       |                              |
|   | c.  | Business income  |                                  | Subtract I                 | Line b from Line a                                       | \$     |                               | \$    |                              |
| F | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.   |  |                                  |                            |  |        |                               |       |                              |
| 5 | a.  | a. Gross receipts \$   |                                  |                            |  |        |                               |       |                              |
|   | b.  | Ordinary and necessary operating   | expenses                         | \$                         |  |        |                               |       |                              |
|   | c.  | Rent and other real property incor   | me                               | Subtract I                 | Line b from Line a                                       | \$     |                               | \$    |                              |
| 6 | Inte  | rest, dividends, and royalties.  |                                  |                            |  | \$     |                               | \$    |                              |
| 7 | Pens  | sion and retirement income.  |                                  |                            |  | \$     |                               | \$    |                              |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  |  |                                  |                            |  |        |                               | \$    |                              |
| 9 | How<br>was a  | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: |                                  |                            |  |        |                               |       |                              |
|   | clai  | Unemployment compensation claimed to be a benefit under the Social Security Act  Debtor \$ Spouse \$   |                                  |                            |  | \$     |                               | \$    |                              |

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B22A (Official Form 22A) (Chapter 7) (12/08)

| 10 | Income from all other sources. Specify source and amount. If necessary, is sources on a separate page. Do not include alimony or separate maintena paid by your spouse if Column B is completed, but include all other pay alimony or separate maintenance. Do not include any benefits received us Security Act or payments received as a victim of a war crime, crime against a victim of international or domestic terrorism.  a.  b.  Total and enter on Line 10 | nnce payments<br>yments of<br>nder the Social | \$      |              | \$ |           |  |
|----|--|---|---------|--------------|----|-----------|--|
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).  |   |         |              |    | 1,023.40  |  |
| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.  |   |         |              |    | 4,484.94  |  |
|    | Part III. APPLICATION OF § 707(B)(7) I   | EXCLUSION                                     | -       |              |    |           |  |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the numb 12 and enter the result.   |   |         |              |    |           |  |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |   |         |              |    |           |  |
|    | a. Enter debtor's state of residence: Illinois b. Enter  | er debtor's househo                           | old siz | ze: <b>4</b> | \$ | 81,184.00 |  |
| 15 | Application of Section707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does  |   |         |              |    |           |  |

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

| Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)              |  |  |                            |  |  |  |  |  |  |
|---|--|--|----------------------------|--|--|--|--|--|--|
| 16  | 16 Enter the amount from Line 12.  |  |                            |  |  |  |  |  |  |
| 17  | Line<br>debto<br>paym<br>debto   | tal adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income 11, Column B that was NOT paid on a regular basis for the household expenses of the depr's dependents. Specify in the lines below the basis for excluding the Column B income (sent of the spouse's tax liability or the spouse's support of persons other than the debtor or string dependents) and the amount of income devoted to each purpose. If necessary, list add truents on a separate page. If you did not check box at Line 2.c, enter zero. | btor or the (such as r the |  |  |  |  |  |  |
|   | a.   | \$   |                            |  |  |  |  |  |  |
|   | b.   | \$   |                            |  |  |  |  |  |  |
|   | c.   | \$   |                            |  |  |  |  |  |  |
|   | Total and enter on Line 17.  |  |                            |  |  |  |  |  |  |
| 18  | 8 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.  |  |                            |  |  |  |  |  |  |
| Part V. CALCULATION OF DEDUCTIONS FROM INCOME                               |  |  |                            |  |  |  |  |  |  |
| Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) |  |  |                            |  |  |  |  |  |  |
| 19A   | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |  |                            |  |  |  |  |  |  |

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| 19B  | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. |  |  |                   |                                  |                   |               |    |
|------|---|--|--|-------------------|----------------------------------|-------------------|---------------|----|
|      | Household members under 65 years of age   |  | Household members 65 years of age or older |                   |                                  |                   |               |    |
|      | a1.   | Allowance per member   |  | a2.               | Allowance p                      | er member         |               |    |
|      | b1.   | Number of members  |  | b2.               | Number of 1                      | nembers           |               |    |
|      | c1.   | Subtotal   |  | c2.               | Subtotal                         |                   |               | \$ |
| 20A  | and U   | l Standards: housing and util<br>Utilities Standards; non-mortgag<br>mation is available at www.usd                            | ge expenses for the                        | e appli           | cable county a                   | and household si  |               | \$ |
|      | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.  |  |  |                   |                                  |                   |               |    |
| 20B  | a.  | IRS Housing and Utilities Star   | ndards; mortgage/                          | rental            | expense                          | \$                |               |    |
|      | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42   |  |  |                   |                                  | \$                |               |    |
|      | c.  | Net mortgage/rental expense  |  |                   |                                  | Subtract Line l   | o from Line a | \$ |
| 21   | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  |  |  |                   |                                  |                   |               | \$ |
|      | an ex   | l Standards: transportation;<br>pense allowance in this categor  | ry regardless of wl                        | nether            |                                  |                   |               |    |
| 22.4 | and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  |  |  |                   |                                  |                   | perating      |    |
| 22A  |   | 1 2 or more.   | the "Dublic Trong                          |                   | :                                | om IDC I and C    | ton dondo.    |    |
|      | If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk   |  |  |                   |                                  |                   |               |    |
|      |   | bankruptcy court.)   | additionall-1                              | . two             | nowto4:                          | ongo Tf           | the energy -  | \$ |
| 22B  | exper<br>addit  | I Standards: transportation; anses for a vehicle and also use prional deduction for your public sportation" amount from IRS Lo | oublic transportati<br>transportation exp  | on, and<br>penses | d you contend<br>, enter on Line | that you are enti | tled to an    |    |
|      |   | .usdoj.gov/ust/ or from the cleri  |  |                   |                                  | anount is availat | ore ut        | \$ |

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| 23 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards:  Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. |    |  |  |  |  |  |
|----|--|----|--|--|--|--|--|
|    | a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 42  \$  |    |  |  |  |  |  |
|    | c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a  Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you   | \$ |  |  |  |  |  |
| 24 | checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards:  Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b> a. IRS Transportation Standards, Ownership Costs, Second Car  \$   |    |  |  |  |  |  |
|    | Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 42  Subtract Line h from Line a   |    |  |  |  |  |  |
|    | c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a   | \$ |  |  |  |  |  |
| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.   |    |  |  |  |  |  |
| 26 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  |    |  |  |  |  |  |
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  |    |  |  |  |  |  |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.   |    |  |  |  |  |  |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  |    |  |  |  |  |  |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  |    |  |  |  |  |  |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.   |    |  |  |  |  |  |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.   |    |  |  |  |  |  |
| 33 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  |    |  |  |  |  |  |

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| <b>D22</b> /1 ( | Officia  | al Form 22A) (Chapter 7) (12/08)  Subpart B: Additional Living I  Note: Do not include any expenses that y                  |                                 | 2            |   |  |  |
|-----------------|--|---|---------------------------------|--------------|---|--|--|
|                 | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.   |   |                                 |              |   |  |  |
|                 | a.   | Health Insurance  | \$                              |              |   |  |  |
| 34              | b.   | Disability Insurance  | \$                              |              |   |  |  |
| 34              | c.   | Health Savings Account  | \$                              |              |   |  |  |
|                 | Tota   | l and enter on Line 34  |                                 | \$           | 5 |  |  |
|                 | -  | ou do not actually expend this total amount, state your act pace below:   | ual total average monthly exp   | enditures in |   |  |  |
| 35              | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an  |   |                                 |              |   |  |  |
| 36              | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   |   |                                 |              |   |  |  |
| 37              | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  |   |                                 |              |   |  |  |
| 38              | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or  |   |                                 |              |   |  |  |
| 39              | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. |   |                                 |              | 8 |  |  |
| 40              |  | tinued charitable contributions. Enter the amount that you or financial instruments to a charitable organization as defined |                                 |              | 8 |  |  |
| 41              | Tota   | al Additional Expense Deductions under § 707(b). Enter the  | ne total of Lines 34 through 40 | )<br>\$      | 8 |  |  |

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B22A (Official Form 22A) (Chapter 7) (12/08)

|    | Subpart C: Deductions for Debt Payment   |  |                     |  |                              |  |    |  |  |  |
|----|--|--|---------------------|--|------------------------------|--|----|--|--|--|
|    | you o<br>Paym<br>the to  | st in property that<br>verage Monthly<br>thly Payment is<br>months<br>tries on a separate  |                     |  |                              |  |    |  |  |  |
| 42 |  | Name of Creditor   | Property            | Average Monthly Property Securing the Debt Payment |                              | Does payment include taxes or insurance? |    |  |  |  |
|    | a.   |  |                     |  | \$                           | ☐ yes ☐ no                               |    |  |  |  |
|    | b.   |  |                     |  | \$                           | yes no                                   |    |  |  |  |
|    | c.   |  |                     |  | \$                           | ☐ yes ☐ no                               |    |  |  |  |
|    |  |  |                     | Total: Ac  | ld lines a, b and c.         |  | \$ |  |  |  |
|    | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |  |                     |  |                              |  |    |  |  |  |
| 43 | Name of Creditor   |  | Property Securing t | the Debt   | 1/60th of the<br>Cure Amount |  |    |  |  |  |
|    | a.   |  |                     |  |                              | \$                                       |    |  |  |  |
|    | b.   |  |                     |  |                              | \$                                       |    |  |  |  |
|    | c.   |  |                     |  |                              | \$                                       |    |  |  |  |
|    |  |  |                     |  | Total: Add                   | d lines a, b and c.                      | \$ |  |  |  |
| 44 | such   | nents on prepetition priority cl<br>as priority tax, child support and<br>ruptcy filing. Do not include cu   | alimony             | claims, for which you                              | were liable at the ti        | me of your                               | \$ |  |  |  |
|    | follo  | oter 13 administrative expenses wing chart, multiply the amount nistrative expense.  |                     |  |                              |  |    |  |  |  |
|    | a.   | Projected average monthly cha  | pter 13 pla         | an payment.  | \$                           |  |    |  |  |  |
| 45 | b.   | Current multiplier for your district as det schedules issued by the Executive Office Trustees. (This information is available a <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of court.) |                     | for United States<br>t                             |                              |  |    |  |  |  |
|    | c.   | Average monthly administrative case  | e expense           | of chapter 13                                      | Total: Multiply Linand b     | es a                                     | \$ |  |  |  |
| 46 | Tota   | l Deductions for Debt Payment  | t. Enter the        | e total of Lines 42 th                             | rough 45.                    |  | \$ |  |  |  |
|    |  | S  | ubpart D            | : Total Deductions                                 | from Income                  |  |    |  |  |  |

Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.

\$

47

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B22A (Official Form 22A) (Chapter 7) (12/08)

| Daari ( | Official Form 22(1) (Chapter 1) (12(00)  |                    |           |          |  |  |  |  |
|---------|--|--------------------|-----------|----------|--|--|--|--|
|         | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION  |                    |           |          |  |  |  |  |
| 48      | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))   |                    | \$        |          |  |  |  |  |
| 49      | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))  |                    |           |          |  |  |  |  |
| 50      | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the   | result.            | \$        |          |  |  |  |  |
| 51      | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.   |                    |           |          |  |  |  |  |
|         | <b>Initial presumption determination.</b> Check the applicable box and proceed as directed.  |                    |           |          |  |  |  |  |
|         | The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not this statement, and complete the verification in Part VIII. Do not complete the remainder of   |                    | top of p  | age 1 of |  |  |  |  |
| 52      | The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.   |                    |           |          |  |  |  |  |
|         | ☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the rethough 55).  | mainder of Par     | t VI (Liı | nes 53   |  |  |  |  |
| 53      | Enter the amount of your total non-priority unsecured debt   |                    | \$        |          |  |  |  |  |
| 54      | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.  |                    |           |          |  |  |  |  |
|         | Secondary presumption determination. Check the applicable box and proceed as directed.   |                    |           |          |  |  |  |  |
| 55      | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.   |                    |           |          |  |  |  |  |
| 3       | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  |                    |           |          |  |  |  |  |
|         | Part VII. ADDITIONAL EXPENSE CLAIMS  |                    |           |          |  |  |  |  |
|         | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |                    |           |          |  |  |  |  |
|         | Expense Description  | Monthly A          | mount     |          |  |  |  |  |
| 56      | a.   | \$                 |           |          |  |  |  |  |
|         | b.   | \$                 |           |          |  |  |  |  |
|         | c.   | \$                 |           |          |  |  |  |  |
|         | Total: Add Lines a, b and c  | \$                 |           |          |  |  |  |  |
|         | Part VIII. VERIFICATION  |                    |           |          |  |  |  |  |
|         | I declare under penalty of perjury that the information provided in this statement is true and co both debtors must sign.)   | orrect. (If this a | joint ca  | ise,     |  |  |  |  |
| 57      | Date: June 14, 2009 Signature: /s/ Kevin C. Kennedy  |                    |           |          |  |  |  |  |
|         | (Debtor)   |                    |           |          |  |  |  |  |
|         | Date: June 14, 2009 Signature: /s/ Tamera C. Kennedy   |                    |           |          |  |  |  |  |

## UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

## 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

B201

Address:

Case No. (if known)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

Printed Name and title, if any, of Bankruptcy Petition Preparer

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

## Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Social Security number (If the bankruptcy

petition preparer is not an individual, state

6/14/2009

Date

| X  | principal, resp<br>the bankrupto | curity number of the officer,<br>ponsible person, or partner of<br>y petition preparer.)<br>11 U.S.C. § 110.) |
|--|----------------------------------|---|
| Signature of Bankruptcy Petition Preparer of officer, principal, resp<br>partner whose Social Security number is provided above. | onsible person, or               |   |
| Certificate of I (We), the debtor(s), affirm that I (we) have received and read this   | of the Debtor notice.            |   |
| Kennedy, Kevin C. & Kennedy, Tamera C.   | X /s/ Kevin C. Kennedy           | 6/14/2009   |
| Printed Name(s) of Debtor(s)   | Signature of Debtor              | Date  |

X /s/ Tamera C. Kennedy

Signature of Joint Debtor (if any)

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## Document Page 13 of 44 United States Bankruptcy Court Northern District of Illinois

| IN        | VRE:   | Case No.  |
|-----------|--|---|
| <b>Ke</b> | ennedy, Kevin C. & Kennedy, Tamera C.  | Chapter 7   |
|           | Debtor(s)  | •   |
|           | DISCLOSURE OF COMPENSATION OF ATTORNEY   | FOR DEBTOR  |
| 1.        | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-nar one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be of or in connection with the bankruptcy case is as follows:  |   |
|           | For legal services, I have agreed to accept  | \$\$  |
|           | Prior to the filing of this statement I have received  | \$\$  |
|           | Balance Due  | \$\$  |
| 2.        | The source of the compensation paid to me was: Debtor Dother (specify):  |   |
| 3.        | The source of compensation to be paid to me is: Debtor Dother (specify):   |   |
| 1.        | I have not agreed to share the above-disclosed compensation with any other person unless they are member   | rs and associates of my law firm.                     |
|           | I have agreed to share the above-disclosed compensation with a person or persons who are not members of together with a list of the names of the people sharing in the compensation, is attached.  | r associates of my law firm. A copy of the agreement, |
| 5.        | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case.   | including:  |
| 5.        | b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned heari d. Representation of the debtor in adversary proceedings and other contested bankruptey matters; e. [Other provisions as needed]  By agreement with the debtor(s), the above disclosed fee does not include the following services: | ngs thereof;  |
|           | CERTIFICATION  certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for represe proceeding.  | ntation of the debtor(s) in this bankruptcy           |
|           | June 14, 2009 /s/ Lynda Wesley   |   |

Lynda Wesley 6183624

Palatine, IL 60074
Wesleylegal@aol.com

Law Office of Lynda Wesley 800 E. Northwest Hwy. Suite 700

Date

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| United States Bankruptcy Court  Northern District of Illinois   |   |  |   |  | Vol         | untary Petition  |   |   |  |
|---|---|--|---|--|-------------|--|---|---|--|
| Name of Debtor (if individual, enter Last, First, Middle): <b>Kennedy, Kevin C.</b>   |   |  |   | Name of Joint Debtor (Spouse) (Last, First, Middle):  Kennedy, Tamera C.   |             |  |   |   |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |   |  |   | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):   |             |  |   |   |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 2122   |   |  |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>0273</b>   |             |  |   |   |  |
| Street Address of Debtor (No. & Street, City, State 304 Georgetown Drive  | & Zip Code                                    | z Zip Code):   |   | Street Address of Joint Debtor (No. & Street 304 Georgetown Drive  |             |  | et, City, State & Zip Code):  |   |  |
| Cary, IL  | ZIPCOD  | E 60013  | Cary, II  | _ Cary, IL   |             |  |   | ZIPCODE <b>60013</b>  |  |
| County of Residence or of the Principal Place of Bu   | isiness:                                      |  | County of McHen   |  | e or of the | he Principal Pla   | ce of Busin   | ness:   |  |
| Mailing Address of Debtor (if different from street   | address)                                      |  | Mailing A   | Address of   | Joint De    | ebtor (if differer   | nt from stre  | et address):  |  |
|   | ZIPCOD  | E  |   |  |             |  |   | ZIPCODE   |  |
| Location of Principal Assets of Business Debtor (if   | different fro                                 | om street address  | above):   |  |             |  | <u>.                                      </u>  |   |  |
|   |   |  |   |  |             |  | 2   | ZIPCODE   |  |
| Type of Debtor (Form of Organization) (Check one box.)  ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  ☐ Corporation (includes LLC and LLP)  ☐ Partnership  ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)                                      | Sin U.S. Rai U.S. Sto Cor                     | (Check ealth Care Busines gle Asset Real E. S.C. § 101(51B) alroad ckbroker aring Bank her  Tax-Exer (Check box, btor is a tax-exen le 26 of the Unite | npt Entity if applicable.) ppt organization d States Code ( | n under  | Ch          | the Petitionapter 7 napter 9 napter 11 napter 12 napter 13  bets are primarilets, defined in 1 01(8) as "incumividual primarilets on 1, family, of | n is Filed (  Chap Recc Main Chap Recc Non: Nature of (Check one dy consume 1 U.S.C. red by an ly for a | e box.)   |  |
| Filing Fee (Check one b   |   | ernal Revenue Co   | ide).   |  | hol         | Chapter 11 I   | Debtors   |   |  |
| <ul> <li>✓ Full Filing Fee attached</li> <li>☐ Filing Fee to be paid in installments (Applicable attach signed application for the court's consider is unable to pay fee except in installments. Rule 3A.</li> <li>☐ Filing Fee waiver requested (Applicable to chapt attach signed application for the court's consider</li> </ul> | ation certify<br>1006(b). See<br>er 7 individ | ring that the debte<br>e Official Form<br>uals only). Must   | Check if: Debtor affiliat Check all A plan Accept           | is a small is not a si 's aggregates are less applicable is being funces of the single stances of the single singl | than \$2,   | ontingent liquida<br>,190,000.   | defined in I  | J.S.C. § 101(51D). 11 U.S.C. § 101(51D).  owed to non-insiders or  rom one or more classes of |  |
| Statistical/Administrative Information  Debtor estimates that funds will be available for Debtor estimates that, after any exempt property distribution to unsecured creditors.   |   |  |   | aid, there   | will be n   | o funds availab  | le for  | THIS SPACE IS FOR COURT USE ONLY  |  |
| ·   | )00-<br>)00                                   | 5,001-<br>10,000   | 10,001-<br>25,000   | 25,001-<br>50,000  |             | 50,001-<br>100,000   | Over 100,000  |   |  |
| Estimated Assets  | ,000,001 to<br>0 million                      | \$10,000,001<br>to \$50 million  | \$50,000,001 to<br>\$100 million                            |  |             | \$500,000,001<br>to \$1 billion  | More than   |   |  |
| Estimated Liabilities   | ,000,001 to                                   | \$10,000,001   | 50,000,001 to   | \$100,00   | 00,001      | \$500,000,001  | ☐<br>More than  | 1   |  |

\$50,000 \$100,000 \$500,000 \$1 million \$10 million to \$50 million to \$50 million to \$10 million \$10 million to \$10 million to \$10 million \$1

| Location Where Filed: <b>None</b>   | Case Number:   | Date Filed:  |  |  |
|---|--|--|--|--|
| Location Where Filed:   | Case Number:   | Date Filed:  |  |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner or   | Affiliate of this Debtor (If mor   | re than one, attach additional sheet)  |  |  |
| Name of Debtor:<br>None   | Case Number:   | Date Filed:  |  |  |
| District:   | Relationship:  | Judge:   |  |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.  | rsuant to whose debts are primarily consumer debts.)   |  |  |  |
|   | X /s/Lynda Wesley  | 6/14/09  |  |  |
|   |  |  |  |  |
|   | Signature of Attorney for Debtor(s)  bit C   | Date   |  |  |
| Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  | Signature of Attorney for Debtor(s)  bit C  illeged to pose a threat of imminen  bit D   | t and identifiable harm to public health   |  |  |
| Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea   | Signature of Attorney for Debtor(s)  bit C  illeged to pose a threat of imminen  bit D  ach spouse must complete and atta  | t and identifiable harm to public health   |  |  |
| Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma  | Signature of Attorney for Debtor(s)  bit C  illeged to pose a threat of imminen  bit D  ach spouse must complete and atta  | t and identifiable harm to public health   |  |  |
| Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma  | Signature of Attorney for Debtor(s)  bit C  illeged to pose a threat of imminen  bit D  ach spouse must complete and attade a part of this petition.   | t and identifiable harm to public health   |  |  |
| Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea  Y Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Y Exhibit D also completed and signed by the joint debtor is attached.  Information Regarding   | bit C  clilleged to pose a threat of imminent  bit D  ach spouse must complete and attated a part of this petition.  ed a made a part of this petition.  ag the Debtor - Venue oplicable box.)  of business, or principal assets in the  | t and identifiable harm to public health   |  |  |
| Does the debtor own or have possession of any property that poses or is a for safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi (To be completed by every individual debtor. If a joint petition is filed, early Exhibit D completed and signed by the debtor is attached and material fithis is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached.  Information Regarding (Check any approximately place of the point debtor has been domiciled or has had a residence, principal place of the point debtor is attached.  | Signature of Attorney for Debtor(s)  bit C  alleged to pose a threat of imminent  bit D  ach spouse must complete and attached a part of this petition.  ed a made a part of this petition.  ag the Debtor - Venue  oplicable box.)  of business, or principal assets in the days than in any other District.  | it and identifiable harm to public health  |  |  |
| Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached  Information Regardin  (Check any ap  Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180   | bit C  colleged to pose a threat of imminent bit D  colleged to po | it and identifiable harm to public health charm to public health cha |  |  |
| Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached  Information Regardin  (Check any ap  Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180  There is a bankruptcy case concerning debtor's affiliate, general properties and principal place of business or assets in the United States to in this District, or the interests of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the properties of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the complex of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties will be served in regarding the content of the parties | bit C  colleged to pose a threat of imminent bit D  colleged to pose a threat of imminent bit D  colleged to pose a threat of imminent bit D  colleged to pose a threat of imminent bit D  colleged to pose a threat of imminent bit D  colleged to pose a threat of imminent bit D  colleged to pose a threat of imminent bit D  colleged to pose a threat of imminent bit D  colleged to pose a threat of this petition.   | it and identifiable harm to public health characteristics and identifiable harm to public health characteristics.  It and identifiable harm to public health characteristics are separate Exhibit D.)  It is District for 180 days immediately this District.  In the United States in this District, occeeding [in a federal or state court] rict.  |  |  |
| Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached  Information Regardin  (Check any ap  Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180  There is a bankruptcy case concerning debtor's affiliate, general plor has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in regions.   | bit C  dlleged to pose a threat of imminent bit D  ach spouse must complete and attacted a part of this petition.  act a made a part of this petition.  act be better - Venue opplicable box.)  of business, or principal assets in the days than in any other District.  beartner, or partnership pending in the ace of business or principal assets out is a defendant in an action or properties as a Tenant of Residential I dicable boxes.)   | this District.  in the United States in this District, occeding [in a federal or state court] rict.  Property  |  |  |

(Name of landlord or lessor that obtained judgment)

(Address of landlord or lessor) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Entered 06/14/09 12:26:33

Kennedy, Kevin C. & Kennedy, Tamera C.

Page 15 of 44 Name of Debtor(s):

Case Number:

Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)

Desc Main

Date Filed:

Page 2

Case 09-72438 B1 (Official Form 1) (1/08)

filing of the petition.

(This page must be completed and filed in every case)

Voluntary Petition

Doc 1

Filed 06/14/09

Document

Document

## **Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

Kennedy, Kevin C. & Kennedy, Tamera C.

## **Signatures**

## Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Kevin C. Kennedy

Signature of Joint Debtor

Signature of Debtor

Kevin C. Kennedy

X /s/ Tamera C. Kennedy

Tamera C. Kennedy

Telephone Number (If not represented by attorney)

June 14, 2009

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Attorney\*

## X /s/ Lynda Wesley

Signature of Attorney for Debtor(s)

Lynda Wesley 6183624 Law Office of Lynda Wesley 800 E. Northwest Hwy. Suite 700 Palatine, IL 60074

Wesleylegal@aol.com

## **Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

## June 14, 2009

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signature of Autl | norized Individual |     |  |
|-------------------|--------------------|-----|--|
| Printed Name of   | Authorized Individ | ual |  |
| Title of Authoriz | ed Individual      |     |  |

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

 $_{B6\ Summary}$  (Form 6-Summary) (1207) Doc 1

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Document Page 17 of 44 United States Bankruptcy Court Northern District of Illinois Desc Main

| IN RE:                                 | Case No.  |
|--|-----------|
| Kennedy, Kevin C. & Kennedy, Tamera C. | Chapter 7 |
| Debtor(s)                              | •         |

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS        | LIABILITIES   | OTHER       |
|--|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 255,000.00 |               |             |
| B - Personal Property  | Yes                  | 3                   | \$ 7,600.00   |               |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |               |               |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |               | \$ 272,755.00 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 2                   |               | \$ 2,430.00   |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 4                   |               | \$ 82,586.01  |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |               |               |             |
| H - Codebtors  | Yes                  | 1                   |               |               |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 2                   |               |               | \$ 4,034.73 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |               |               | \$ 4,112.00 |
|  | TOTAL                | 17                  | \$ 262,600.00 | \$ 357,771.01 |             |

Form 6 - Statistical Summary (12/07) Doc 1 Filed 06/14/09

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Page 18 of 44 Document **United States Bankruptcy Court** 

## **Northern District of Illinois**

| IN RE:                                 | Case No   |
|--|-----------|
| Kennedy, Kevin C. & Kennedy, Tamera C. | Chapter 7 |
| Debtor(s)                              | •         |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount         |
|---|----------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>2,430.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00     |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00     |
| TOTAL   | \$<br>2,430.00 |

## State the following:

| Average Income (from Schedule I, Line 16)  | \$<br>4,034.73 |
|--|----------------|
| Average Expenses (from Schedule J, Line 18)  | \$<br>4,112.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20) | \$<br>4.484.94 |

## State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |                | \$<br>17,755.00  |
|--|----------------|------------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$<br>2,430.00 |                  |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |                | \$<br>0.00       |
| 4. Total from Schedule F   |                | \$<br>82,586.01  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |                | \$<br>100,341.01 |

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IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

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Case No.

(If known)

Debtor(s)

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY                         | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTORS INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--|--|---------------------------------------|---|----------------------------|
| Single family home located at 304 Georgetown Drive, Cary, IL | Tenancy by the                             | J                                     | 255,000.00  | 272,755.00                 |
| 60013  | Entirety                                   |                                       |   |                            |
|  |  |                                       |   |                            |
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TOTAL

255,000.00

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IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

Case No.

(If known)

Desc Main

## **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| 1.  | Cash on hand.   |                  | cash on hand                         | J                                     | 500.00   |
| 2.  | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |                  | checking account with Harris Bank    | J                                     | 1,000.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | Х                |                                      |                                       |  |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.  |                  | furniture                            | J                                     | 1,500.00   |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | X                |                                      |                                       |  |
| 6.  | Wearing apparel.  | X                |                                      |                                       |  |
| 7.  | Furs and jewelry.   | X                |                                      |                                       |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |                                      |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | Х                |                                      |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | Х                |                                      |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | 401K Account.                        | W                                     | 1,000.00   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |                                      |                                       |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | Х                |                                      |                                       |  |

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\_ Case No. \_

(If known)

## **SCHEDULE B - PERSONAL PROPERTY** (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR |
|-----|---|------------------|--------------------------------------|---------------------------------------|---|
|     |   |                  |                                      | HUSBA                                 | EXEMPTION   |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |                                      |                                       |   |
| 16. | Accounts receivable.  | X                |                                      |                                       |   |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |                                      |                                       |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |                                       |   |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |                                      |                                       |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |                                       |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |                                       |   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | Х                |                                      |                                       |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |                                       |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |                                       |   |
| 25. | Automobiles, trucks, trailers, and  |                  | 1997 Plymouth Breeze                 | J                                     | 1,800.00  |
|     | other vehicles and accessories.   |                  | 2003 Buick Century                   | J                                     | 1,800.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |                                       |   |
| 27. | Aircraft and accessories.   | X                |                                      |                                       |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |                                       |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |                                       |   |
| 30. | Inventory.  | X                |                                      |                                       |   |
| 31. | Animals.  | X                |                                      |                                       |   |

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IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

Case No. \_ (If known)

## **SCHEDULE B - PERSONAL PROPERTY** (Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| <ul> <li>32. Crops - growing or harvested. Give particulars.</li> <li>33. Farming equipment and implements.</li> <li>34. Farm supplies, chemicals, and feed.</li> <li>35. Other personal property of any kind not already listed. Itemize.</li> </ul> | X X X            |                                      |                                       |  |
|   |                  | TO                                   | ΓAL                                   | 7,600.00   |

Filed 06/14/09

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Desc Main

(If known)

Debtor(s)

Case No. \_

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY          | SPECIFY LAW PROVIDING EACH EXEMPTION     | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE<br>OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTIONS |
|----------------------------------|--|-------------------------------|---|
| CHEDULE B - PERSONAL PROPERTY    |  |                               |   |
| ash on hand                      | 735 ILCS 5 §12-1001(b)                   | 500.00                        | 500.0   |
| hecking account with Harris Bank | 735 ILCS 5 §12-1001(b)                   | 1,000.00                      | 1,000.0   |
| urniture                         | 735 ILCS 5 §12-1001(b)                   | 1,500.00                      | 1,500.0   |
| 101K Account.                    | 40 ILCS 5 §§22-230, 4-135, 6-213, 19-117 | 1,000.00                      | 1,000.  |
| 997 Plymouth Breeze              | 735 ILCS 5 §12-1001(c)                   | 1,800.00                      | 1,800.  |
| 003 Buick Century                | 735 ILCS 5 §12-1001(c)                   | 1,800.00                      | 1,800.0   |
|                                  |  |                               |   |
|                                  |  |                               |   |
|                                  |  |                               |   |
|                                  |  |                               |   |
|                                  |  |                               |   |
|                                  |  |                               |   |

IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

Debtor(s) Case No.

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 0771238679-1   |          | J                                     | single family home - second mortgage   |            |              |          | 52,755.00   | 17,755.00                    |
| Citimortgage Inc.<br>Customer Research Team<br>P.O. Box 9442<br>Gaithersburg, MD 20898                     |          |                                       | VALUE \$ <b>255,000.00</b>   |            |              |          |   |                              |
| ACCOUNT NO. <b>0257462663</b>  |          | J                                     | single family home - first mortgage  | $\dagger$  | t            |          | 220,000.00  |                              |
| Wells Fargo Home Mortgage<br>Customer Service<br>P.O. Box 10335<br>Des Moines, IA 50306                    |          |                                       | VALUE \$ 255,000.00  |            |              |          | ·   |                              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | T          | T            |          |   |                              |
| Pierce And Associates<br>Attorneys At Law<br>1 N. Dearborn, 13th Floor<br>Chicago, IL 60602                |          |                                       | Wells Fargo Home Mortgage  VALUE \$  |            |              |          |   |                              |
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       | VALUE \$   |            |              |          |   |                              |
| ocntinuation sheets attached   |          |                                       | (Total of the  |            | otot         |          | \$ 272,755.00   | <b>\$ 17,755.00</b>          |
|  |          |                                       | (Use only on la  |            | Tot<br>page  |          | \$ 272,755.00   | \$ 17,755.00                 |

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

(If known)

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1 continuation sheets attached

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IN RE Kennedy, Kevin C. & Kennedy, Tamera C. Case No.

Debtor(s)

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). **▼** Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

## **Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions above.) | CODEBTOR  | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY,<br>IF ANY |
|---|-----------|---------------------------------------|--|------------|--------------|----------|-----------------------|--------------------------------------|--|
| ACCOUNT NO.   | T         | J                                     | property taxes   |            |              |          |                       |                                      |  |
| McHenry Count Treasurer's Office<br>667 Ware Road, Room 100<br>Woodstock, IL 60098                      | -         |                                       |  |            |              |          | 2,430.00              | 2,430.00                             |  |
| ACCOUNT NO.   | -         |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | -         |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | -         |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | -         |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | -         |                                       |  |            |              |          |                       |                                      |  |
| Sheet no. 1 of 1 continuation sheets<br>Schedule of Creditors Holding Unsecured Priority                | att<br>Cl | ached<br>aims                         | to (Totals of th                                       |            | age          | e)       | \$ 2,430.00           | \$ 2,430.00                          | \$   |
|   |           |                                       | nedule E. Report also on the Summary of Sch            | nedu<br>,  | Γot          | .)<br>al | \$ 2,430.00           |                                      |  |
|   |           |                                       | last page of the completed Schedule E. If ap           |            |              |          |                       | \$ 2,430,00                          | \$   |

Document

Desc Main

IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

Debtor(s)

Case No. (If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT   | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|----------|---------------------------------------|---|--------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>5398-4007-3088-5069</b>   |          | J                                     | credit card   |              |              |          |                       |
| AT&T Universal Card<br>Customer Service<br>P.O. Box 44167<br>Jacksonville, FL 32231                      |          |                                       |   |              |              |          | 18,525.03             |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   | П            |              |          | ,                     |
| Citi Cards<br>AT&T Universal Card<br>P.O. Box 6077<br>Sioux Falls, SD 57117                              |          |                                       | AT&T Universal Card   |              |              |          |                       |
| ACCOUNT NO. 412001-13-141953-3   |          | J                                     | credit card debt  | П            |              |          |                       |
| Beneficial Finance<br>P.O. Box 3425<br>Buffalo, NY 14240   |          |                                       |   |              |              |          | 7,419.28              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   | Н            |              |          | 1,410.20              |
| CCB Credit Services Beneficial Finance 5300 S. 6th Street Springfield, IL 62703                          |          |                                       | Beneficial Finance  |              |              |          |                       |
| 3 continuation sheets attached   | •        | •                                     | (Total of the   | Sub<br>iis p |              | - 1      | \$ 25,944.31          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules and, if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als        | tica         | n<br>al  | \$                    |

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(If known)

Document IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

\_ Case No. \_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sneet)   |             |              |          |                       |
|--|----------|---------------------------------------|---|-------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                         | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 4185-8629-2491-1334  |          | J                                     | credit card   | П           |              |          |                       |
| Chase Bank USA, N.A.<br>C/O Bureau Of Collection Recovery, Inc.<br>7575 Corporate Was<br>Eden Prairie, MN 55344                  | -        |                                       |   |             |              |          | 1,271.89              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |             |              |          |                       |
| Washington Mutual Card Services<br>Chase Bank, USA, NA<br>P.O. Box 66043<br>Dallas, TX 75266                                     |          |                                       | Chase Bank USA, N.A.  |             |              |          |                       |
| ACCOUNT NO. 5309-0400-5669-4402  |          | J                                     | credit card   |             |              |          |                       |
| Citi Home Rebate Card<br>Customer Service<br>P.O. Box 44167<br>Jacksonville, FL 32231  |          |                                       |   |             |              |          | 759.16                |
| ACCOUNT NO. 430955018612   |          | J                                     | credit card   |             |              |          |                       |
| Citifinancial, Inc. (Wickes Furniture)<br>C/O Pentagroup Financial, LLC<br>5959 Corporate Drive, Suite 1400<br>Houston, TX 77036 |          |                                       |   |             |              |          | 3,313.96              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   | П           |              |          |                       |
| Citifinancial, Inc. (Wickes Furniture)<br>C/O Academy Collections Service, Inc.<br>10965 Decatur Road<br>Philadelphia, PA 19154  |          |                                       | Citifinancial, Inc. (Wickes Furniture)  |             |              |          |                       |
| ACCOUNT NO. <b>4389-4900-0191-0807</b>   |          | J                                     | credit card debt  |             |              |          |                       |
| Commerce Bank P.O. Box 419248 Kansas City, MO 64141  | -        |                                       |   |             |              |          | 9,441.49              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |             |              | $\dashv$ | -,                    |
| Commerce Bank Card Center<br>P.O. Box 410857<br>Kansas City, MO 64141  | -        |                                       | Commerce Bank   |             |              |          |                       |
| Sheet no1 of3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                         |          | <u> </u>                              | (Total of th  | _           | age          | ;)       | \$ 14,786.50          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the St<br>Summary of Certain Liabilities and Relate | als<br>atis | tica         | n<br>ıl  | \$                    |

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\_ Case No. \_

Debtor(s)

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (•                                    | Continuation Sheet)   |                  |                    |                      |                       |
|---|----------|---------------------------------------|---|------------------|--------------------|----------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT       | UNLIQUIDATED       | DISPUTED             | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 4133  |          | J                                     | credit card debt  | Н                |                    |                      |                       |
| Discover Card P.O. Box 30943 Salt Lake, UT 84130  |          |                                       |   |                  |                    |                      | 4,912.12              |
| ACCOUNT NO. 11248884  |          | J                                     | medical debt  |                  |                    |                      | .,0.22                |
| Dr. Mary Lee Fugina<br>4839 N. Elston Avenue<br>Chicago, IL 60630   |          |                                       |   |                  |                    |                      | 209.00                |
| ACCOUNT NO. <b>570889117</b>  |          | J                                     | credit card   |                  |                    |                      | 203.00                |
| Firestone Complete Auto Care<br>Credit First National Association<br>P.O. Box 81344<br>Cleveland, OH 44188  |          |                                       |   |                  |                    |                      | 1,188.32              |
| ACCOUNT NO. <b>8505801</b>  |          | J                                     | medical debt  |                  |                    |                      | , 111                 |
| Good Shepherd Hospital<br>P.O. Box 1010<br>Tinley Park, IL 60477  |          |                                       |   |                  |                    |                      |                       |
|   |          |                                       |   |                  |                    |                      | 644.00                |
| ACCOUNT NO. 500002143440  HSBC Auto Finance P.O. Box 17915 San Diego, CA 92177                              |          | J                                     | 2003 Mitsubishi Eclipse was repossessed January 15, 2009.   |                  |                    |                      | 40 000 07             |
| L GGOVIN TO VO  |          |                                       | Assignee or other notification for:   |                  |                    |                      | 13,368.07             |
| ACCOUNT NO.  SIMM Associates, Inc. HSBC Auto Finance P.O. Box 7526 Newark, DE 19714                         |          |                                       | HSBC Auto Finance   |                  |                    |                      |                       |
| ACCOUNT NO. <b>020-7510-520</b>   |          | J                                     | credit card debt  |                  |                    |                      |                       |
| Kohl's<br>P.O. Box 3043<br>Milwaukee, WI 53201  | •        |                                       |   |                  |                    |                      | 0.004.0-              |
| Sheet no. 2 of 3 continuation sheets attached to  |          |                                       |   | 2,,1,            | tot                | 21                   | 2,621.87              |
| Sheet no. 2 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th  (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the St Summary of Certain Liabilities and Relate | T<br>als<br>atis | age<br>Fota<br>o o | e)<br>al<br>on<br>al | \$ <b>22,943.38</b>   |

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(If known)

Debtor(s)

\_ Case No. \_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |   | (                                     | Continuation Sheet)   |                |      |          |   |     |
|---|---|---------------------------------------|---|----------------|------|----------|---|-----|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                |   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  |                |      | DISPUTED | AMOUNT<br>OF<br>CLAIM                   |     |
| ACCOUNT NO. 4311-9660-1479-5114   |   | J                                     | credit card   | T              |      |          |   |     |
| National City Bank<br>C/O Weltman, Weinberg & Reis Co., L.P.A.<br>323 W. Lakeside Ave., Ste. 200<br>Cleveland, OH 44113 |   |                                       |   |                |      |          | 11,167.                                 | .63 |
| ACCOUNT NO. <b>7021270313416850</b>   |   | J                                     | credit card debt  |                |      |          |   |     |
| Retail Services - Best Buy<br>P.O. Box 15521<br>Wilmington, DE 19850  |   |                                       |   |                |      |          | 2,393.                                  | 86  |
| ACCOUNT NO.   |   |                                       | Assignee or other notification for:   | t              |      |          | _,,,,,,                                 |     |
| Bass & Associates<br>HSBC Bank Nevada, N.A.<br>3936 E. Fort Lowell Road - Suite 200<br>Tuscon, AZ 85712                 |   |                                       | Retail Services - Best Buy  |                |      |          |   |     |
| ACCOUNT NO.   |   |                                       | Assignee or other notification for:   |                |      |          |   |     |
| HSBC Retail Services<br>P.O. Box 5244<br>Carol Stream, IL 60197   |   |                                       | Retail Services - Best Buy  |                |      |          |   |     |
| ACCOUNT NO.   |   | J                                     | medical debt  |                |      |          |   |     |
| Ruth Thompson<br>Womancare<br>P.O. Box 271001<br>Flower Mound, TX 75027   |   |                                       |   |                |      |          | 1,615.                                  | .96 |
| ACCOUNT NO. 5049-9411-3474-0395   |   | J                                     | credit card debt  |                |      |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |     |
| Sears Premier Card<br>P.O. Box 6283<br>Sioux Falls, SD 57117  |   |                                       |   |                |      |          | 3,622.                                  | 27  |
| ACCOUNT NO. <b>8108906</b>  | H | J                                     | medical debt  | +              |      |          | 3,022.                                  | -   |
| Wellington Radiology<br>628 North Street<br>Geneva, IL 60134  |   |                                       |   |                |      |          |   |     |
| Glass 3 . 6 . 3   |   |                                       |   |                | L    | .1       | 112.                                    | 00  |
| Sheet no3 of3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                |   |                                       | (Total of the   | Sub<br>nis p   |      |          | \$ 18,911.                              | 82  |
|   |   |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | tica | n<br>al  | \$ <b>82,586</b> .                      | .01 |

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IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

Case No. (If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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(If known)

## **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
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Debtor(s)

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(Report also on Summary of Schedules and, if applicable, on

(If known)

IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

ra C.

Case No.

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status DEPENDENTS OF DEBTOR        |                   |   |                 |           | SE             |            |          |
|---|-------------------|---|-----------------|-----------|----------------|------------|----------|
| Married   |                   | RELATIONSHIP(S): Son Daughter                                   |                 |           |                | AGE(\$ 5 5 | 3):      |
| EMPLOYMENT:   |                   | DEBTOR  |                 |           | SPOUSE         |            |          |
| Occupation  | Purchasing A      | Agent Re  | tail Sales Cle  | rk        |                |            |          |
| Name of Employer                                    | Roscor Corpo      |   | hl's Departme   | ent St    | ores, Inc. Cor | porat      | e Off    |
| How long employed                                   | ears ·            |   |                 |           |                |            |          |
| Address of Employer 1061 Feehanville N56W17000 Rich |                   |   |                 |           | od Drive       |            |          |
|   | enomonee Fal      | ls, WI  | 53051           |           |                |            |          |
| INCOME: (Estima                                     | nte of average or | r projected monthly income at time case filed)                  |                 |           | DEBTOR         |            | SPOUSE   |
|   | _                 | lary, and commissions (prorate if not paid mor                  |                 | \$        | 3,750.00       | \$         | 1,209.48 |
| 2. Estimated month                                  |                   | mary, and commissions (profuce if not paid inc.                 | ,               | \$        |                | \$         |          |
| 3. SUBTOTAL   | •                 |   |                 | \$        | 3,750.00       | \$         | 1,209.48 |
| 4. LESS PAYROL                                      | L DEDUCTION       | NS  |                 |           |                |            |          |
| a. Payroll taxes a                                  | nd Social Securi  | ity   |                 | \$        | 402.86         | \$         | 154.27   |
| b. Insurance  |                   |   |                 | \$        | 16.03          | \$         |          |
| c. Union dues                                       |                   |   |                 | \$        |                | \$         |          |
| d. Other (specify)                                  | See Schedu        | le Attached   |                 | \$        | 338.50         |            | 13.09    |
|   |                   |   |                 | \$        |                | \$         |          |
| 5. SUBTOTAL O                                       | F PAYROLL D       | DEDUCTIONS  |                 | <u>\$</u> | 757.39         | <u>\$</u>  | 167.36   |
| 6. TOTAL NET M                                      | IONTHLY TA        | KE HOME PAY   |                 | \$        | 2,992.61       | \$         | 1,042.12 |
| 7. Regular income                                   | from operation of | of business or profession or farm (attach detail                | led statement)  | \$        |                | \$         |          |
| 8. Income from rea                                  | l property        | •   |                 | \$        |                | \$         |          |
| 9. Interest and divid                               |                   |   |                 | \$        |                | \$         |          |
|   |                   | ort payments payable to the debtor for the debt                 | tor's use or    |           |                |            |          |
| that of dependents                                  |                   |   |                 | \$        |                | \$         |          |
| 11. Social Security                                 | -                 | ment assistance   |                 | \$        |                | \$         |          |
| (Specify)   |                   |   |                 | \$ ——     |                | \$ ——      |          |
| 12. Pension or retir                                | ement income      |   |                 | \$        |                | \$ —       |          |
| 13. Other monthly                                   |                   |   |                 |           |                |            |          |
|   |                   |   |                 | \$        |                | \$         |          |
|   |                   |   |                 | \$        |                | \$         |          |
|   |                   |   |                 | \$        |                | \$         |          |
| 14. SUBTOTAL C                                      | F LINES 7 TH      | IROUGH 13   |                 | \$        |                | \$         |          |
| 15. AVERAGE M                                       | ONTHLY INC        | <b>COME</b> (Add amounts shown on lines 6 and 14                | .)              | \$        | 2,992.61       | \$         | 1,042.12 |
|   |                   | ONTHLY INCOME: (Combine column totals otal reported on line 15) | s from line 15; |           | <b>\$</b>      | 4,034      | 4.73     |

Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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None

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Case No. \_

Debtor(s)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

**Continuation Sheet - Page 1 of 1** 

**DEBTOR SPOUSE** Other Payroll Deductions: Disability 6.50 Medical 332.00 401K 12.09 **Full Time Basic Life** 0.74 **Full Timehourly ADD** 0.26

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c. Monthly net income (a. minus b.)

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Debtor(s)

\_ Case No. \_\_

(If known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prora quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the debtor. |                           |
|---|---------------------------|
| on Form22A or 22C.  Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete  | te a senarate schedule of |
| expenditures labeled "Spouse."  | e a separate selecture of |
| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$1,188.00                |
| a. Are real estate taxes included? Yes No <u>✓</u>  |                           |
| b. Is property insurance included? Yes No <u>✓</u>  |                           |
| 2. Utilities:   |                           |
| a. Electricity and heating fuel   | \$ <b>250.00</b>          |
| b. Water and sewer  | \$ <b>50.00</b>           |
| c. Telephone  | \$85.00                   |
| d. Other Cell Phone   | \$50.00                   |
| Cable   | \$65.00                   |
| 3. Home maintenance (repairs and upkeep)  | \$50.00                   |
| 4. Food   | \$600.00                  |
| 5. Clothing   | \$ 75.00                  |
| 6. Laundry and dry cleaning   | \$ 25.00                  |
| 7. Medical and dental expenses  | \$100.00                  |
| 8. Transportation (not including car payments)  | \$                        |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | т                         |
| <ul><li>10. Charitable contributions</li><li>11. Insurance (not deducted from wages or included in home mortgage payments)</li></ul>  | \$                        |
| a. Homeowner's or renter's  | \$ 66.00                  |
| b. Life   | \$\$                      |
| c. Health   | \$                        |
| d. Auto   | \$ <b>75.00</b>           |
| e. Other  | \$                        |
| c. Other  |                           |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   |                           |
| (Specify) Property Taxes  | \$ 433.00                 |
|   | <u> </u>                  |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)   |                           |
| a. Auto   | \$                        |
| b. Other 2nd Mortgage   | \$400.00                  |
|   | \$                        |
| 14. Alimony, maintenance, and support paid to others  | \$                        |
| 15. Payments for support of additional dependents not living at your home   | \$                        |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | \$                        |
| 17. Other Daycare   | \$200.00                  |
| Emergency/Car Repair Fund   | \$ <b>50.00</b>           |
| Hair Cuts   | \$50.00                   |
| 18 AVED ACE MONTHLY EVDENSES (Total lines 1.17 Deport also on Summers of Schedules and if   |                           |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.  | \$ 4,112.00               |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data.   | <b>4,112.00</b>           |
| 19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing <b>None</b>   | of this document:         |
| 20. STATEMENT OF MONTHLY NET INCOME   |                           |
| a. Average monthly income from Line 15 of Schedule I  | \$ 4,034.73               |
| h. Average monthly expenses from Line 18 above  | \$ 4.112.00               |

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IN RE Kennedy, Kevin C. & Kennedy, Tamera C.

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Debtor(s)

Case No.

(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **19** sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: June 14, 2009 Signature: /s/ Kevin C. Kennedy Kevin C. Kennedy Date: June 14, 2009 Signature: /s/ Tamera C. Kennedy (Joint Debtor, if any) Tamera C. Kennedy [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a I, the member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature:

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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Desc Main

Page 37 of 44 Document United States Bankruptcy Court

Northern District of Illinois

| IN RE:                                 | Case No   |
|--|-----------|
| Kennedy, Kevin C. & Kennedy, Tamera C. | Chapter 7 |
| Debtor(s)                              | -         |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 2008 - \$54225.

2007 - \$45963.

#### 2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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| None                 | b. Debtor whose debts are not preceding the commencement of \$5,475. If the debtor is an indivibility obligation or as part of an alternate debtors filing under chapter 12 of is filed, unless the spouses are so | orimarily consume<br>of the case unless to<br>idual, indicate with<br>active repayment scloor chapter 13 must | r debts: List each p<br>the aggregate value<br>th an asterisk (*) an<br>nedule under a plan<br>tinclude payments a | on any or other to<br>of all property the<br>y payments that we<br>by an approved no<br>and other transfers | ransfer to any creditor ma<br>at constitutes or is affect<br>were made to a creditor or<br>inprofit budgeting and cre | ted by such transfer is less than<br>n account of a domestic support<br>edit counseling agency. (Married |
| None                 | c. All debtors: List all payments who are or were insiders. (Marria joint petition is filed, unless the  | ied debtors filing u  | inder chapter 12 or  | chapter 13 must ir  | nclude payments by either   |  |
| 4. Su                | its and administrative proceeding  | ngs, executions, g  | arnishments and a  | ttachments  |   |  |
| None                 | a. List all suits and administrati<br>bankruptcy case. (Married debto<br>not a joint petition is filed, unles  | ors filing under ch   | apter 12 or chapter  | 13 must include in  | nformation concerning ei  |  |
| AND<br>Well:<br>Kevi | FION OF SUIT CASE NUMBER S Fargo Home Mortgage v. n & Tamera Kennedy H 987   | NATURE OF P   |  |   |   | STATUS OR<br>DISPOSITION<br>new proceding  |
| None                 | b. Describe all property that has<br>the commencement of this case.<br>or both spouses whether or not a  | . (Married debtors  | filing under chapte  | er 12 or chapter 13   | must include information  | on concerning property of either   |
| 5. Re                | possessions, foreclosures and re   | turns   |  |   |   |  |
| None                 | List all property that has been re<br>the seller, within <b>one year</b> imminclude information concerning<br>joint petition is not filed.)  | ediately preceding  | the commencemen  | nt of this case. (Ma  | arried debtors filing unde  | er chapter 12 or chapter 13 must   |
| HSB<br>P.O.          | IE AND ADDRESS OF CREDIT<br>C Auto Finance<br>Box 17915<br>Diego, CA 92177   | OR OR SELLER  | DATE OF RE<br>FORECLOSU<br>TRANSFER O<br>01/15/2009  | ,   | DESCRIPTION AND<br>OF PROPERTY<br>2003 Mitsubishi Ecl   |  |
| 6. As                | signments and receiverships  |   |  |   |   |  |
| None                 | a. Describe any assignment of pr<br>(Married debtors filing under cha<br>unless the spouses are separated  | apter 12 or chapter   | 13 must include any  |   |   |  |
| None                 | b. List all property which has be<br>commencement of this case. (Ma<br>spouses whether or not a joint p  | arried debtors filing   | g under chapter 12 c   | or chapter 13 must  | include information conc  | erning property of either or both  |
| 7. Gi                | fts  |   |  |   |   |  |
| None                 | List all gifts or charitable contril<br>gifts to family members aggregate<br>per recipient. (Married debtors for<br>a joint petition is filed, unless the  | ting less than \$200<br>filing under chapte   | in value per individer 12 or chapter 13 r  | dual family member<br>must include gifts  | er and charitable contribut<br>or contributions by either   | tions aggregating less than \$100  |
| 8. Lo                | sses   |   |  |   |   |  |
| None                 | List all losses from fire, theft, o <b>commencement of this case</b> . (Ma joint petition is filed, unless the   | Iarried debtors fili  | ng under chapter 12  | 2 or chapter 13 mu  | st include losses by either   |  |
| 9. Pa                | yments related to debt counseling  | ng or bankruptcy  | ,  |   |   |  |
| None                 | List all payments made or prope consolidation, relief under bank of this case.   | rty transferred by  | or on behalf of the d  |   |   |  |

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AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 700.00

NAME AND ADDRESS OF PAYEE Lynda Wesley 800 E. Northwest Hwy. Ste. 700 Palatine, IL 60074

#### 10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

PAYOR IF OTHER THAN DEBTOR

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 14. Property held for another person

List all property owned by another person that the debtor holds or controls.

 $\checkmark$ 

## 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

 $\checkmark$ 

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

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None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 $\checkmark$ 

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: June 14, 2009

Signature /s/ Kevin C. Kennedy

of Debtor

Signature /s/ Tamera C. Kennedy

of Joint Debtor

(if any)

Signature /s/ Tamera C. Kennedy

Tamera C. Kennedy

\_\_\_\_\_\_ ocntinuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

 $Case~09\text{-}72438~~Doc~1\\ \textbf{B8}~(\textbf{Official Form~8})~(12/08)$ 

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|--|-----------|
| Northern District of Illinois  |           |

| IN RE:   |  |   | Case No  |  |  |
|--|--|---|--|--|--|
| Kennedy, Kevin C. & Kennedy, Tamera C.   |  |   | Chapter 7  |  |  |
| Debto  | or(s)                                      |   |  |  |  |
| CHAPTER 7 INDI   | VIDUAL DEBTO                               | R'S STATEMENT (   | OF INTENTION   |  |  |
| <b>PART A</b> – Debts secured by property of the esestate. Attach additional pages if necessary.)  | state. (Part A must be                     | fully completed for <b>EA</b> (   | <b>CH</b> debt which is secured by property of the               |  |  |
| Property No. 1   |  |   |  |  |  |
| Creditor's Name:<br>Citimortgage Inc.  |  | Describe Property Se<br>Single family home lo   | curing Debt:<br>ocated at 304 Georgetown Drive, Cary, Ⅱ          |  |  |
| Property will be (check one):  ✓ Surrendered ☐ Retained  |  |   |  |  |  |
| If retaining the property, I intend to (check as Redeem the property Reaffirm the debt Other. Explain  | t least one):                              | (for exan   | nple, avoid lien using 11 U.S.C. § 522(f)).                      |  |  |
| Property is (check one):  ☐ Claimed as exempt ✓ Not claimed as   | exempt                                     |   |  |  |  |
| Property No. 2 (if necessary)  |  |   |  |  |  |
| Creditor's Name:<br>Wells Fargo Home Mortgage  |  | Describe Property Securing Debt: Single family home located at 304 Georgetown Drive, Cary, II |  |  |  |
| Property will be (check one):  Surrendered Retained  If retaining the property, I intend to (check and Redeem the property Reaffirm the debt Other. Explain  Property is (check one): Claimed as exempt Not claimed as |  | (for exar   | nple, avoid lien using 11 U.S.C. § 522(f)).                      |  |  |
| PART B – Personal property subject to unexpiradditional pages if necessary.)   |  | olumns of Part B must be  | e completed for each unexpired lease. Attach                     |  |  |
| Property No. 1   | 7  |   |  |  |  |
| Lessor's Name:   | Describe Leased I                          | Property:   | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  Yes No |  |  |
| Property No. 2 (if necessary)  |  |   |  |  |  |
| Lessor's Name:   | Describe Leased I                          | Property:   | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  Yes No |  |  |
| continuation sheets attached (if any)  |  |   |  |  |  |
| I declare under penalty of perjury that the personal property subject to an unexpired l  | _  | intention as to any pro   | perty of my estate securing a debt and/or                        |  |  |
| Date: June 14, 2009  | /s/ Kevin C. Kenned<br>Signature of Debtor | ly  |  |  |  |

/s/ Tamera C. Kennedy Signature of Joint Debtor

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| IN RE:                                 |   | Case No.  |
|--|---|---|
| Kennedy, Kevin C. & Kennedy, Tamera C. |   | Chapter 7   |
|  | Debtor(s)                               | •   |
|  | VERIFICATION OF CI                      | REDITOR MATRIX  |
|  |   | Number of Creditors29                                       |
| The above-named Debtor(s)              | hereby verifies that the list of credit | tors is true and correct to the best of my (our) knowledge. |
| Date: <b>June 14, 2009</b>             | /s/ Kevin C. Kennedy                    |   |
|  | Debtor                                  |   |
|  | /s/ Tamera C. Kennedy                   |   |

Joint Debtor

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Kennedy, Kevin C. 304 Georgetown Drive Cary, IL 60013 Document Page 43 of 44 Citifinancial, Inc. (Wickes Furniture) C/O Pentagroup Financial, LLC 5959 Corporate Drive, Suite 1400 Houston, TX 77036

HSBC Retail Services P.O. Box 5244 Carol Stream, IL 60197

Kennedy, Tamera C. 304 Georgetown Drive Cary, IL 60013 Citifinancial, Inc. (Wickes Furniture) C/O Academy Collections Service, Inc. 10965 Decatur Road Philadelphia, PA 19154 Kohl's P.O. Box 3043 Milwaukee, WI 53201

Law Office of Lynda Wesley 800 E. Northwest Hwy. Suite 700 Palatine. IL 60074 Citimortgage Inc.
Customer Research Team
P.O. Box 9442
Gaithersburg, MD 20898

McHenry Count Treasurer's Office 667 Ware Road, Room 100 Woodstock, IL 60098

AT&T Universal Card Customer Service P.O. Box 44167 Jacksonville, FL 32231 Commerce Bank P.O. Box 419248 Kansas City, MO 64141 National City Bank C/O Weltman, Weinberg & Reis Co., L.P.A. 323 W. Lakeside Ave., Ste. 200 Cleveland, OH 44113

Bass & Associates HSBC Bank Nevada, N.A. 3936 E. Fort Lowell Road - Suite 200 Tuscon, AZ 85712 Commerce Bank Card Center P.O. Box 410857 Kansas City, MO 64141 Pierce And Associates Attorneys At Law 1 N. Dearborn, 13th Floor Chicago, IL 60602

Beneficial Finance P.O. Box 3425 Buffalo, NY 14240 Discover Card P.O. Box 30943 Salt Lake, UT 84130 Retail Services - Best Buy P.O. Box 15521 Wilmington, DE 19850

CCB Credit Services Beneficial Finance 5300 S. 6th Street Springfield, IL 62703 Dr. Mary Lee Fugina 4839 N. Elston Avenue Chicago, IL 60630 Ruth Thompson Womancare P.O. Box 271001 Flower Mound, TX 75027

Chase Bank USA, N.A. C/O Bureau Of Collection Recovery, Inc. 7575 Corporate Was Eden Prairie, MN 55344

Firestone Complete Auto Care Credit First National Association P.O. Box 81344 Cleveland, OH 44188 Sears Premier Card P.O. Box 6283 Sioux Falls, SD 57117

Citi Cards AT&T Universal Card P.O. Box 6077 Sioux Falls, SD 57117 Good Shepherd Hospital P.O. Box 1010 Tinley Park, IL 60477 SIMM Associates, Inc. HSBC Auto Finance P.O. Box 7526 Newark, DE 19714

Citi Home Rebate Card Customer Service P.O. Box 44167 Jacksonville, FL 32231 HSBC Auto Finance P.O. Box 17915 San Diego, CA 92177 Washington Mutual Card Services Chase Bank, USA, NA P.O. Box 66043 Dallas, TX 75266 Case 09-72438 Doc 1 Filed 06/14/09 Entered 06/14/09 12:26:33 Desc Main Document Page 44 of 44

Wellington Radiology 628 North Street Geneva, IL 60134

Wells Fargo Home Mortgage Customer Service P.O. Box 10335 Des Moines, IA 50306